

# Instructions for Inspector's Daily Report

**Note:** This report is to be filled out for every day that the project is active, even if no work is done. An explanation of why no work was performed should be given if applicable.

## Weather

Use up to four weather descriptions from the following four groups as applicable. Fill out separately for both AM and PM.

|                      |                    |                    |                   |
|----------------------|--------------------|--------------------|-------------------|
| HOT 80+ degrees      | CLR Clear          | RAIN Rain          | HAIL Hail         |
| WARM 50 - 80 degrees | PCLD Partly Cloudy | HVRN Heavy Rain    | SNOW Snow         |
| COOL 30 - 50 degrees | OCST Overcast      | FZRN Freezing Rain | HWND High Winds   |
| COLD 30- degrees     | FOG Fog            |                    | DUST Blowing Dust |
|                      | SHWR Showers       |                    |                   |

## Contractor's Work Activity

Describe the Contractor's work activity. An activity may involve several bid items. Generally, list only one activity per sheet. Use additional sheets if necessary. If more than one activity is listed per sheet, be sure to identify which labor and equipment correspond to the respective activities. Chief inspectors should list all of the Contractor's work activities.

## Contractor's Equipment

List all equipment, including identification or model numbers and a description such as size, horsepower, capacity, etc. Show how many (No.) of each type and the hours worked using the following status terms:

|                  |                                                                                                                                                                            |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operating (Opr)  | Equipment is working full time on the activity.                                                                                                                            |
| Standby (Stdbby) | Equipment is involved in an activity and being held to work on it by order of the engineer. If being held and not able to work on the activity, note reason on diary page. |
| Down             | Equipment is broken and needs repair in order to be used for work.                                                                                                         |
| Idle             | Equipment is not being used, is not down, and is not involved in the work activity.                                                                                        |

Contractor ownership may be shown using the letter identifications A - E from the list of contractors above the "Contractor's Work Activity" section. Note equipment move-in and move-out on diary page.

## Contractor's Workforce

List the number of employees and hours worked by classification for all employees of the Prime Contractor and each subcontractor and agent separately. Identify the employing contractor or subcontractor using the letter identifications A - E from the list of contractors above the "Contractor's Work Activity" section.

Show the number of male and female employees in the space provided and identify the number of apprentices or trainees.

## Item, Description, and Location of Work

If a change order item number has not yet been assigned, write "New" for the item number.

Refer to Chapter 9 of the Construction Manual and to the Record of Materials for the number of samples required for each item or portion of an item. Note: Be sure to take enough samples. A failing sample may require two retests.

No material is to be installed without an approved source, see Form 350-071, "Request for Approval of Materials Sources."

No material is to be installed without proper approved materials documentation or prior written PE approval. Approved materials documentation may include any of the following: Form 350-109, "Certification of Materials Origin," Form 350-077, "Materials Acceptance Report," pipe certifications, manufacturer's certification, approved welding procedure, or approved test report(s).

## Traffic Control

Note requirement of TCS and Traffic Control Labor on the project site.

## Diary

Record only facts. Use of available specialized inspector checklists may be referenced on the diary page and attached to the IDR.

## Additional Information

Subcontractors and agents are not to begin work until they are approved.

If a subcontractor or agent is a DBE contractor, even if not a condition of award, Form 272-051, "M/D/WBE On-Site Review," must be completed prior to the subcontracted work being finished.

On Federal-Aid projects, Form 424-003, "Employee Interview Report," must be completed in accordance with Chapter 1-2.6 of the Construction Manual.

Work is not to be performed on a Change Order item until the change is formally approved or verbally approved.

Form 421-010, "Report of Prime Contractor's Performance," must be filled out in accordance with Chapter 1-2.8 of the Construction Manual immediately after work on the project is completed.



|                                     |  |         |        |                        |  |      |
|-------------------------------------|--|---------|--------|------------------------|--|------|
| IDR Sheet                           |  | of      | Sheets | Final Record Book      |  | Page |
| Contract                            |  | SR Nos. |        | Day                    |  | Date |
| Weather (See Instructions)<br>AM PM |  |         |        |                        |  |      |
| Prime Contractor<br>A.              |  |         |        | Representative / Title |  |      |
| Subcontractor or Agent              |  | Appr'd  | DBE    | Representative / Title |  |      |
| B.                                  |  |         |        |                        |  |      |
| C.                                  |  |         |        |                        |  |      |
| D.                                  |  |         |        |                        |  |      |
| E.                                  |  |         |        |                        |  |      |

## Contractor's Work Activity

|                          |
|--------------------------|
| Description and Location |
|--------------------------|

## Contractor's Equipment

| Operating Contractor's ID (A-E, see above) |                                    |  |  |  |  |     |        |      |      |
|--------------------------------------------|------------------------------------|--|--|--|--|-----|--------|------|------|
| No.                                        | Equipment - ID No. and Description |  |  |  |  | Opr | Stdbby | Down | Idle |
|                                            |                                    |  |  |  |  |     |        |      |      |
|                                            |                                    |  |  |  |  |     |        |      |      |
|                                            |                                    |  |  |  |  |     |        |      |      |
|                                            |                                    |  |  |  |  |     |        |      |      |
|                                            |                                    |  |  |  |  |     |        |      |      |
|                                            |                                    |  |  |  |  |     |        |      |      |

## Contractor's Workforce

| Operating Contractor's ID (A-E, see above) |                |            |           |           |             |        |          |              |        |        |      |       |
|--------------------------------------------|----------------|------------|-----------|-----------|-------------|--------|----------|--------------|--------|--------|------|-------|
|                                            | Number / Hours |            |           |           |             |        |          |              | Number |        |      |       |
|                                            | Laborers       | Carpenters | Operators | Teamsters | Ironworkers | Masons | Flaggers | Electricians | Male   | Female | Appr | Trnee |
|                                            | /              | /          | /         | /         | /           | /      | /        | /            |        |        |      |       |
|                                            | /              | /          | /         | /         | /           | /      | /        | /            |        |        |      |       |
|                                            | /              | /          | /         | /         | /           | /      | /        | /            |        |        |      |       |
|                                            | /              | /          | /         | /         | /           | /      | /        | /            |        |        |      |       |
|                                            | /              | /          | /         | /         | /           | /      | /        | /            |        |        |      |       |

|          |                           |          |                               |     |     |     |
|----------|---------------------------|----------|-------------------------------|-----|-----|-----|
|          |                           |          | Required Backup Samples Taken |     |     |     |
|          |                           |          | Matls Documentation Approved  |     |     |     |
|          |                           |          | Matls Source Approved         |     |     |     |
|          |                           |          | Pay Note Made                 |     |     |     |
| Item No. | Contract Item Description | Location | Y/N                           | Y/N | Y/N | Y/N |
|          |                           |          |                               |     |     |     |
|          |                           |          |                               |     |     |     |
|          |                           |          |                               |     |     |     |
|          |                           |          |                               |     |     |     |

## Traffic Control

|                                                   |                                                          |                         |                                                          |
|---------------------------------------------------|----------------------------------------------------------|-------------------------|----------------------------------------------------------|
| Was Class B Traffic Control Labor Required Today? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Was the TCS Used Today? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------|----------------------------------------------------------|-------------------------|----------------------------------------------------------|

Photos/Videos taken Today? ☐ Yes ☐ No

Inspector's Shift Hours

|      |          |           |
|------|----------|-----------|
| From | (Signed) | Inspector |
| To   |          |           |